

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	128/200
Suggested Group Art Unit::	3600
CD-ROM or CD-R::	None
Title::	Medical Ventilator Triggering and Cycling Method and Mechanism
Attorney Docket Number::	99-27 C1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	3
Total Drawing Sheets::	4
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appln.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Mehdi
Middle Name::	M.
Family Name::	Jafari
City of Residence::	Laguna Hills
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	25982 Anacapa Street
City of mailing address::	Laguan Hills
State or Province of mailing address::	California
Country of mailing address::	US
Postal or Zip Code of mailing address::	92653-6266

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Gardner
Middle Name::	J.
Family Name::	Kimm
City of Residence::	Carlsbad
State or Province of Residence::	CA

Country of Residence:: US
Street of mailing address:: 4319 Point Reyes Court
City of mailing address:: Carlsbad
State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92008

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Karrie
Family Name:: McGuigan
City of Residence:: San Marcos
State or Province of Residence:: California
Country of Residence:: US
Street of mailing address:: 241 Muirfield Way
City of mailing address:: San Marcos
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92069

Correspondence Information

Correspondence Customer Number:: 30031

Representative Information

Representative Customer Number:: 30031

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date:
This Application	Continuation of	09/970,383	10/02/01
09/970,383	Non-Provisional of	60/238,387	10/06/00

Assignee Information

Assignee name:: Respironics, Inc.
Street of mailing address:: 1010 Murry Ridge Lane
City of mailing address:: Murrysville
State or Province of mailing address:: Pennsylvania
Country of mailing address:: US
Postal or Zip Code of mailing address:: 15668